



WESTMINSTER
SALT LAKE CITY • UTAH

Transcript Request

Office of the Registrar • Phone: 801.832.2180 • Fax: 801.832.3111

Social Security or Student ID#: _____ Birth Date: _____

Last Name: _____ First: _____ Middle: _____

Previous Names (e.g. maiden): _____

Full Mailing Address: _____

Telephone : Home _____ Cell _____ Business _____

Beginning Year of Attendance: _____

Is this an address/phone change? Yes No

If unknown, was it before 1985? Yes No

Please check which applies to you: Current Student (enrolled now) Former Student

If you are a former student, did you graduate from Westminster College? Yes No Year _____

Signature: _____

Please indicate why you are requesting your transcripts today:

Graduate school or other schooling

Employer or future employer requested

Taking classes elsewhere concurrently

Transfer to another institution (please explain below)

Other (please explain): _____

If you are transferring to another school, please take a moment to tell us where you are transferring and why (please check all that apply):

I plan to attend: _____

Financial issues

Program or major not offered

Moving out of the area

Employment issues

Denied admission into desired program

Academic performance

Personal or family issues

Other, please explain _____

- If you need more than three transcripts, please allow additional time for us to fill the request—at least 24 hours from the time we receive the request.
- Please clear any holds. Only an unofficial transcript is available if holds are not cleared.
- Any transcript supplied to the student is marked “Issued to Student.”

PICKUP: No. of Copies _____

No. of copies: _____ Mail To: _____

Regular Mail (\$5) _____

Fax (\$5) _____

Overnight (\$40) _____

Send after current term grades are posted _____

Send after degree is posted _____

Fax: _____

No. of copies: _____ Mail To: _____

Regular Mail (\$5) _____

Fax (\$5) _____

Overnight (\$40) _____

Send after current term grades are posted _____

Send after degree is posted _____

Fax: _____

Fees \$5 Transcript (per copy)
\$40 FedEx Overnight (must be received by noon for same day processing; no P.O. Boxes allowed)

Credit Card

Visa AmEx MasterCard Discover

Amt to be Charged: _____

Name on Card: _____

Card No.: _____

Exp. Date: _____

Office Use Only:

Holds: No Yes _____ Date Sent _____

Receipt No. _____ By _____